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APPLICANT

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**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

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ADDRESS

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TITLE

METHODS AND DEVICES FOR IMPROVING CARDIAC FUNCTION IN HEARTS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fe <input type="checkbox"/> 1.17 Fe <input type="checkbox"/> 1.18 Fe <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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